

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/018281	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1		1					51			
2		1					52			
3		2					53			
4		2					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9							59			
0	E						60			
1							61			
2							62			
3							63			
4							64			
5							65			
6							66			
7							67			
8							68			
9							69			
0							70			
1							71			
2							72			
3							73			
4							74			
5							75			
6							76			
7							77			
8							78			
9							79			
0							80			
1							81			
2							82			
3							83			
4							84			
5							85			
6							86			
7							87			
8							88			
9							89			
0							90			
1							91			
2							92			
3							93			
4							94			
5							95			
6							96			
7							97			
8							98			
9							99			
0							100			
							TOTAL IND.			
							TOTAL DEP.			
							TOTAL CLAIMS			

BEST AVAILABLE COPY